

REC'D APR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11328

Do not use this space.

1. PLACE OF DEATH

(a) County Larayette ²Registration District No. 462(b) Township Odessa ¹Primary Registration District No. 4277(c) City Odessa

(d) Street No. _____

Registered No. 19(e) Length of residence in city or town where death occurred 10 yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Elli Chinn(a) Residence, No. _____ St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Sarah Chinn6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1862

7. AGE

YEARS 76MONTHS 3DAYS 14

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

Retired Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Near Ouessa, Mo.

FATHER

13. NAME

Cornelius Chinn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME

Sally McHatten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

17. INFORMANT (ADDRESS)

Buford ChinnOdessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Greenton Cem.

DATE

Mar. 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

L.C. HusmanOdessa, Mo.20. FILED 3-4- 1939 McK E. M. Sordley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3, 193922. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1939 to Mar 3, 1939I last saw him alive on Mar 3, 1939 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Influenza Bronchitis Pneumonia Date of occurrence 2/19/39

Other contributory causes of importance:

Chronic Bronchial Asthma & Syphilis of the aorta Date of onset fall Feb 19-34

Name of operation _____ Date of _____

What last confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, home or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. E. Schaefer M. D.416 (Address) Odessa, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/23/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Irving L. Husman*

Licensed Embalmer No. *7541*

P. O. Address *Bellevue Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.